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APPLICANTS

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** CONTINUING DATA *X C.M.N.*

This application is a CON of 09/122,404 07/25/1998 PAT 6,311,162

** FOREIGN APPLICATIONS *N. C.M.N.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/09/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	DRAWING 54	CLAIMS 38	CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>C.M.N.</i> Initials				

ADDRESS

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TITLE

Interactive symptomatic recording system and methods

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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